DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/17/2015 FORM APPROVED OMB NO. 0938-0391

INTITIAL COMMENTS This visit was in conjunction with the Post Survey Revisit to the Investigation of Complement 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 165790 AlM number: 2012760 Census payer type: Medicare: 30 Other: 24 Total: 28 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAc 16:2-3-1 in regards to the Investigation of Complaint (Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAc 16:2-3-1 in regards to the Investigation of Complaint (Not) 82598 and Indicate: 30 Other: 24 Total: 26 Cansus payer type: Medicare: 31 Medicate: 30 Other: 24 Total: 26 Cansus payer type: Medicare: 31 Medicate: 30 Other: 24 Total: 26 Cansus payer type: Medicare: 31 Medicate: 30 Other: 24 Total: 26 Cansus payer type: Medicare: 31 Medicate: 30 Other: 24 Total: 26 Cansus payer type: Medicare: 31 Medicate: 30 Other: 24 Total: 26 Cansus payer type: Medicare: 31 Medicate: 30 Other: 24 Total: 26 Cansus payer type: Medicate: 30 Outher: 24 Total: 26 Cansus payer type: Medicate: 30 Outher: 24 Total: 26 Cansus payer type: Medicate: 30 Outher: 24 Total: 26 Cansus payer type: Medicate: 30 Outher: 24 Total: 26 Cansus payer type: Medicate: 30 Outher: 24 Total: 26 Cansus payer type: Medicate: 30 Outher: 24 Total: 26 Cansus payer type: Medicate: 30 Outher: 24 Total: 26 Cansus payer type: Medicate: 30 Outher: 24 Total: 26 Cansus payer type: Medicate: 30 Cansus payer typ	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
MANE OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-BRIDGEWATER (A4) ID (SAULATORY STATELABOR CORE) (FOOD) INITIAL COMMENTS This visit was for a Post Survey Revisit to the Investigation of Complaint involtable on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AlM number: 201023760 Census bed type: SNF: 45 SNF: 45 SNF: 45 SNF: 45 Sample: 3 Kindred Transitional Care Bridgewater was in compilance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Compilant involtable and and 410 IAC 16.2-3.1 in regards to the Investigation of Compilant involtable and and 410 IAC 16.2-3.1 in regards to the Investigation of Compilant involtable and and 410 IAC 16.2-3.1 in regards to the Investigation of Compilant involtable and and 410 IAC 16.2-3.1 in regards to the Investigation of Compilant involtable and 410 IAC 16.2-3.1 in regards to the Investigation of Compilant involtable and and the Investigation of Compilant involtable and and the Investigation of Compilant involtables and and the Investigation of Compilant involtables and and the Investigation of Compilant involtables and involtable and the Investigation of Compilant involtable and Involtable and Involtable and Involtable and Involtable and Involtab			455700	D WING				
ATST CAREY RD CARMEL, IN 46033	155790			B. WING			11/10/2015	
(F 000) INITIAL COMMENTS (F 000) INITIAL COMMENTS This visit was for a Post Survey Revisit to the Investigation of Completed on October 1, 2015. This visit was in conjunction with the Post Survey Revisit to the Receitling number: 155790 AlM number: 20123760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compilance with 42 CFR Part 483, Subpart Band 410 IAC 162.3.1 in regards to the Investigation of Compilant invol182598 and INDO183240. Quality Review was completed by 21662 on	NAME OF PROVIDER OR SUPPLIER							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (F 000) INITIAL COMMENTS This visit was for a Post Survey Revisit to the Investigation of Complaint IN00182598 and IN00183240 completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 2012548 Provider number: 155790 AlM number: 201023760 Census bed type: SNF: 45 SNF:NF: 40 Total: 85 Census payer type: Medicare: 31 Medicare: 31 Medicare: 31 Medicare: 31 Kindred Transitional Care Bridgewater was in compiliance with 42 CFR part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and In00182598 and In00182598 and Indicated the compiliance with 42 CFR part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and In00182594. Quality Review was completed by 21662 on	KINDRED TRANSITIONAL CARE AND REHAB-BRIDGEWATER				1	4751 CAREY RD		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (F 000) INITIAL COMMENTS This visit was for a Post Survey Revisit to the Investigation of Complaint IN00182598 and IN00183240 completed on October 1, 2015. This visit was in conjunction with the Post Survey Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 201023760 Census bed type: SNF: 45 SNF:NF: 40 Total: 85 Census payer type: Medicaie: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR part 483, Subpart Band 410 IAC 162-23, in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on	MINDRED HANGINGIAL GARE AND REMAD BRIDGEWATER				C	CARMEL, IN 46033		
TAG. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG. CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS This visit was for a Post Survey Revisit to the Investigation of Complaint IN00182598 and IN00183240 completed on October 1, 2015. This visit was in conjunction with the Post Survey Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF:NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16: 2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on	(X4) ID			ID				
(F 000) INITIAL COMMENTS This visit was for a Post Survey Revisit to the Investigation of Complaint IN00182598 and IN00183240 completed on October 1, 2015. This visit was in conjunction with the Post Survey Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number : 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF:NF: 40 Total: 85 Census payer type: Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16: 2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on						CROSS-REFERENCED TO THE APPROPRIA		
This visit was for a Post Survey Revisit to the Investigation of Complaint IN00182598 and IN00183240 completed on October 1, 2015. This visit was in conjunction with the Post Survey Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicare: 31 Medicare: 31 Medicare: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on	IAG			IAG				
This visit was for a Post Survey Revisit to the Investigation of Complaint IN00182598 and IN00183240 completed on October 1, 2015. This visit was in conjunction with the Post Survey Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicare: 31 Medicare: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on				+				
This visit was for a Post Survey Revisit to the Investigation of Complaint IN00182598 and IN00183240 completed on October 1, 2015. This visit was in conjunction with the Post Survey Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicare: 31 Medicare: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on	(E 000)	INITIAL COMMENTS		(E 000				
Investigation of Complaint IN00182598 and IN00183240 completed on October 1, 2015. This visit was in conjunction with the Post Survey Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16,2-3,1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on	{F 000}	INTIAL COMMENTS		{F U	00}			
Investigation of Complaint IN00182598 and IN00183240 completed on October 1, 2015. This visit was in conjunction with the Post Survey Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16,2-3,1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		Investigation of Complaint IN00182598 and						
IN00183240 completed on October 1, 2015. This visit was in conjunction with the Post Survey Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF:/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
This visit was in conjunction with the Post Survey Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicaire: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaric: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
Revisit to the Recertification and State Licensure Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaric: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		This visit was in conjunction with the Boot Survey						
Survey completed on September 14, 2015. Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AlM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
Survey dates: November 9 & 10, 2015. Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
Facility number: 012548 Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		Survey completed on	September 14, 2015.					
Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		Survey dates: November 9 & 10, 2015.						
Provider number: 155790 AIM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		Facility number : 012548						
AlM number: 201023760 Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
Census bed type: SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
SNF: 45 SNF/NF: 40 Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		Census bed type:						
Total: 85 Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
Census payer type: Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		SNF/NF: 40						
Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		Total: 85						
Medicare: 31 Medicaid: 30 Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		Census paver type:						
Other: 24 Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
Total: 85 Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		Medicaid: 30						
Sample: 3 Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		Other: 24						
Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		Total: 85						
Kindred Transitional Care Bridgewater was in compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		Sample: 3						
compliance with 42 CFR Part 483, Subpart Band 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on		 	S. B.I.					
410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
Complaint IN00182598 and IN00183240. Quality Review was completed by 21662 on								
Quality Review was completed by 21662 on								
		Complaint INOU 16258	o anu muu 10324U.					
		Quality Review was o	completed by 21662 on					
			5p.5.00 by 21002 011					
		111101111011101						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.